

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6	1					
7						
8						
9						
10						
11						
12						
13						
14						
15						
16	1					
17		99				
18						
19						
20		1				
21		4				
22		4				
23	1					
24	1					
25	1					
26	1					
27	1					
28	1					
29	1					
30	1					
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37	1					
38		1				
39		1				
40	1					
41		1				
42		1				
43		1				
44		1				
45	1					
46		1				
47		1				
48		1				
49		1				
50	1					
TOTAL IND.	12		↓		↓	↓
TOTAL DEP.	44	←	←	←	←	←
TOTAL CLAIMS	56					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						